

## Request for a Reasonable Modification

Page 1 of 2

---

If you, a member of your household, or someone associated with you has a disability, and feel that there is a need for a reasonable modification for that person to have equal use and access to the community, please complete this form and submit the form to your housing provider. Check all items that apply and explain fully. Use the other side of this form if you need more space. If you cannot fill out this form yourself, you may have someone assist you. Please keep copies of all documents that you submit to your housing provider.

Name of Tenant or Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

1. The person(s) who has a disability requiring a reasonable modification is:

☐ Myself

☐ A person associated with me (such as a household member or guest).

Name of person with disability: \_\_\_\_\_

Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

2. I am requesting the following modification/s so that my household members, guests, and I can live here as easily as others and enjoy and participate equally in housing:

---

---

---

**\*NOTE: The individual requesting the modification may be responsible for the costs incurred in providing a reasonable modification to the premises. This individual may also be responsible for costs incurred in restoring the modification to original condition. The housing provider may request that a licensed contractor be obtained to make the modifications and/or restorations. If you and/or your housing provider have any questions regarding these provisions, please do not hesitate to contact our office.**

OPTIONAL: If you know a company, organization, or individual that might be able to help or advise on the changes, please provide:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(continued)

---

## Request for a Reasonable Modification

Page 2 of 2

---

3. I need this reasonable modification because:

---

---

---

Please notify me within ten working days on the attached Approval or Denial of Reasonable Accommodation and/or Reasonable Modification Request form.

Signature of Tenant, Applicant, or Guest: \_\_\_\_\_

Address: \_\_\_\_\_

***This package of reasonable accommodations/modifications is courtesy of the Fair Housing Council of Orange County and its attorneys.***

---

UNAUTHORIZED USE PROHIBITED

For Members Only  
Apartment Association,  
California Southern Cities  
Approved Form #F95 – 9/16

